

VENDOR INFORMATION FORM

CITY OF CONCORD

Purchasing Division

850 Warren C. Coleman Blvd. South

P. O. Box 308

Concord, NC 28026-0308

Phone: 704-920-5441 Fax: 704-785-8856

www.concordnc.gov (INFORMATION AND CONTACTS)

NOTE: COMPLETION OF THIS FORM IS NECESSARY TO ESTABLISH A VENDOR NUMBER WITHIN OUR SYSTEM, AND FOR ANY FUTURE PAYMENTS, CONTRACTING, ETC. NEW VENDORS MUST ALSO COMPLETE A W9 .THIS FORM IS ALSO FOR VENDOR INFORMATION UPDATES.

LEGAL NAME OF COMPANY/CORPORATION: _____

DBA/DOING BUSINESS AS (IF DIFFERENT FROM LEGAL NAME) _____

ARE YOU A NORTH CAROLINA CORPORATION? YES _____ NO _____ IF NOT, ARE YOU REGISTERED TO DO BUSINESS IN NORTH CAROLINA? YES _____ NO _____

BUSINESS LOCATED IN CITY LIMITS OF CONCORD? YES _____ NO _____ (IF YES, ENTER PRIVILEGE LICENSE NUMBER BELOW)

CITY OF CONCORD BUSINESS PRIVILEGE LICENSE NUMBER: _____ NOTE: FOR INFORMATION REGARDING PRIVILEGE LICENSE OR PRIVILEGE LICENSE FORM, CONTACT CITY OF CONCORD TAX OFFICE: 704-920-5216

FEDERAL TAX ID# _____ SOCIAL SECURITY # IF INDIVIDUAL/SOLE PROPRIETOR _____
FOR OUT OF STATE VENDORS, PROVIDE N.C.SALES TAX NUMBER _____

QUOTATION ADDRESS: _____ COUNTY _____

MAILING ADDRESS (PURCHASE ORDERS) _____

REMITTANCE ADDRESS _____

INVOICE PAYMENT TERMS _____ TERM DISCOUNT? IF YES, EXPLAIN _____

MANAGER: _____ PHONE: _____ FAX: _____

SALES REPRESENTATIVE: _____ PHONE: _____ FAX: _____

CONTACT PERSON: _____ PHONE: _____ FAX: _____

ACCOUNTS RECEIVABLE CONTACT: _____ PHONE: _____ FAX: _____

NOTE: FOR ELECTRONIC PAYMENTS, EFT FORM IS ON WEB SITE OR CONTACT FINANCE:
<http://www.concordnc.gov/Departments/Finance/Accounts-Payable> FOR MORE INFORMATION

TYPE OF PRODUCT OR SERVICES PROVIDED: _____

FOR CITY USE BELOW:

CITY DEPARTMENT PERSON SUBMITTING FORM: _____ DATE: _____

RECEIVED IN PURCHASING BY: _____ DATE: _____

NOTES OR COMMENTS:
